PART B - FEE(S) TRANSMITTAL

NOV 2 3 2005 INSPECTIONS: The form appropriate All funding controlled to the contro	m should be used for tran- espondence including the I elow or directed otherwise		or <u>Fax</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (571) 273-2885 ICATION FEE (if requent of maintenance fees we correspondence address)	or Patents ginia 22313-1450	should be completed where t correspondence address as arate "FEE ADDRESS" for	
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 30245 7590 09/23/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
ANTHONY EDW. J CAMPBELL PO BOX 160370 AUSTIN, TX 78716 1/25/2005 MBERHE1 00000077 10828867				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the table indicated below.			
1/25/2005 MBERHE1 0000	JVV// 1V0C000/		h	AE Campbe	(Depositor's name)		
1 FC:2501 700.00 OP				198	77 Am.	(Signature)	
				1	11/18/5	(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE FII			NTOP	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/828,867	04/21/2004		FIRST NAMED INVE		KOP1146	5522	
TITLE OF INVENTION: IN		FOR AN AUTOM		,	1011110	3322	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	·	\$0	\$700	12/23/2005	
EXAMINER		ART UN	IT (CLASS-SUBCLASS	1		
POPE, DARYL C		2632		340-573100	•		
Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	ence address (or Change of 62) attached. on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion 6	Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	(1) the names of or agents OR, alt (2) the name of a registered attorned 2 registered pater listed, no name when the PATENT (print data will appear on T a substitute for fili	a single firm (having as a sey or agent) and the nament attorneys or agents. If will be printed. Tor type) the patent. If an assign	a member a 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	document has been filed for	
Please check the appropriate 4a. The following fee(s) are expressive Fee	enclosed:	4b.	Payment of Fee(s) A check in the a	: amount of the fee(s) is er	nclosed.	roup entity 🗖 Government	
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The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco			* *			(8)()	
Authorized Signature Typed or printed name				Date	118/5 1NO. 39619		
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